Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	For the	<u>e 2010 calend</u>	dar year, or tax	x year begini	ning Sep	1		, 2010,	, and endir	ig Aug			2011	
		applicable:	C Name of orga	nization NAT	IONAL W	ILDLIFE	FEDE	RATIO	N ACTIO	ON FUND				er .
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	Nar	me change		street (or P.O. bo		delivered to st	treet addr)		/ / / / /	sune				
	Initi	ial return	901 E ST		7				400		(20)	<u> </u>	7-6806	
	Terr	minated	City, town or	country				State	ZIP code + 4	i				
	Am	ended return	WASHINGTO	ON				DC	20004	116-2 1- 11 1				
	App	olication pending	F Name and ad							1 ' '	a group retur affiliates incl			(es X No
			SUE BROWN			VE					attach a list.			
	Tax-e	xempt status		X 501(c) (insert no.)	4947	(a)(1) or	527					
<u>, </u>	Web	site: ► WW	W.NWFACT]	ONFUND.	ORG						exemption nu			.
K	Form	of organization:	X Corporation	Trust	Association	Other ►	··	L \	ear of Forma	tion: 2000	6 M/s	tate of le	gal domicile: (<u></u>
		Summar	у											
	1 E	Briefly descri	be the organiza	ation's missi	on or most :	significant a	activitie	s: SE	E SCHE	DULE O	<u></u>			
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auc	_		- 					. – – –						
Ē	_										% of its 20	t accet		
Activities & Governance	2 (Check this bo	x ► ☐ if the	e organization	n discontinu	led its oper	ations o	or alspo	sea or mor	e man 25°	יס טו ונט וול	3	٥.	12
ن مخ	3 [Number of vo	ting members dependent voti	or the govern	ning body () of the dove	rning body	εiα) (Part\		b)			4		12
es	4 [Number of Ind	dependent voti of individuals	ng members amployed in	calendar v	ear 2010 (F	Part V. I	ine 2a)				5		2
ξ	6 -	Total number	of valunteers	(estimate if r	necessary)							6		12
Act	73.	Total unrelate	ed husiness rev	venue from F	Part VIII, col	lumn (C), li	ine 12 .					7a		0.
•	, u	Net unrelated	business taxa	able income f	from Form 9	90-T, line 3	<u>34</u>		<u></u>			7b_		
										Р	rior Year	-	Curren	
	8	Contributions	and grants (P	art VIII, line	1h)						,414,3	12.	1,0	38,547.
Ę	9 1	Program serv	rice revenue (F	Part VIII, line	2g)					· ·	F 1	11.		3,291.
Revenue	10	Investment in	come (Part VI	II, column (A	(a), lines 3, 4	I, and 7d) .					ا رد	<u> </u>		JICJIO
ď	11 (Other revenu	e (Part VIII, co	olumn (A), lin	nes 5, 6d, 8d	c, 9c, 10c, a	and lle	()		·· 	,419,4	83	1.04	41,838.
	12	Total revenue	- add lines 8	3 through 11	(must equa	Part VIII,	column	(A), IIne	t 12)		635, 2		1,0	1,800.
	13	Grants and s	imilar amounts	s paid (Part I	X, column (A), lines I	-3)				033,2			-,
	14	Benefits paid	to or for mem	bers (Part IX	K, column (A	、), line 4).		د د د د د د د د د د د د د د د د د د د			296,0	128+		62,645.
ıń.	15	Salaries, oth	er compensation	on, employee	e benefits (F	art IX, colt	um⊓ (A)	, iines t	J-10)	·· 	2016			
Expenses			fundraising fee										1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
ē	ь	Total fundrais	sing expenses	(Part IX, col	umn (D), lir	ie 25) 🟲 🙎			55,787.		See A			
ŭ	17	Other expens	ses (Part IX, co	olumn (A), lir	nes 11a-11d	i, 11f-24f) .					969,2			42,551.
	18	Total expens	es. Add lines 1	13-17 (must (equal Part I	X, column ((A), line	25)		·-	1,900,5			06,996.
	19	Revenue less	expenses. Su	ubtract line 1	8 from line	12	<u>.</u>		<u></u>	<u></u>	518,9			65,158.
b i	<u> </u>									Beginni	ng of Currer		End of	
Net Assets or Fund Balances			(Part X, line 16								1,7 <u>17,6</u>			02,547. 27,907.
A 8			es (Part X, line				• • • • • •				77,8			
ž	22	Net assets of	r fund balances	s. Subtract li	ne 21 from	line 20	<u> </u>			<u>] _</u>	L , 639,	198.		74,640.
1.7	- 18 Tall	Signatur	re Block						*					
Und	er penalt	ties of perjury, I d	eclare that I have garer (other than off	examined this ref	turn, including a	accompanying of which prep	schedules arer has a	and state	ements, and to	the best of n	ny knowledge	and belie	et, it is true, co	rrect, and
com	plete. De	eciaration of prep	arer (other than on	icer) is pased thi	. an imprimation					- 				
		.								LD:	ate			
Si	gn	Signat	ure of officer											
He	ere	•	r print name and ti	itle										
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		- 1	preparer's name		Topal	It s	s.E		7/12	1/12	self-employ			
Pa			t E. Lane		7 7	110	. /			/				
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Us	se On	Firm's add		N Stree	et NW, S	Suite 3	DC	2003	36		Phone no.	(202) 463-	6500
			Wash	ington	about abo	vo2 (coo in							X Yes	No
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orm	990 (2010)	NATIONAL	WILDLIFE	FEDERATION AC	TION FUN	D		7 4- 2	556532	ı	⊃age 2
7.	State	ement of Pro	gram Serv	ice Accomplishn	nents						
	Check	if Schedule O	contains a res	ponse to any question	n in this Part I	<u> </u>					
1	Briefly descri	be the organiza	ation's mission	:							
	SEE SCHE	DULE O									
		_ _ -								. – – – –	
		-					-		- 		
						distribution		H prior			
2	Did the organ	nization underta	ike any signifi	cant program services	during the ye	ar wnich wer	e not listea	on the prior	Ye	s X	No
										: > [A]	NU
	If 'Yes,' desc	ribe these new	services on S	chedule O.			. program	-ondoor?	🗀 Ye	s X	No
3				make significant char	iges in now it	conducts, an	y program:	SELVICES:	🗀 ''	.s <u>[A]</u>	110
	If 'Yes,' desc	ribe these chan	iges on Schea	ule O. ts for each of the orga	nization's thre	a largest pro	varam servi	res hy exnen	ses Sectio	n 501(c)	(3)
4	and 501(c)(4)) organizations :	and section 4	947(a)(1) trusts are re	equirea to repo	rt the amoun	t of grants	and allocatio	ns to other	s, the tota	al
	expenses, an	nd revenue, if a	ny, for each p	rogram service reporte	ed.						
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4a	(Code:) (Expen	ses \$ <u> 1</u>	,667,695. includ	ing grants of	\$	1,800.) (Revenue	\$		0.)
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40		m services. (De	55CHDC III 3CH	including grants of	Ś		(Revenue	\$)	
<i>A</i> -	(Expenses	\$ m service expe		1,667,695							
46	e i otai progra	in service expe	11303		0102 10/05/10			-	F	orm 990	(2010)

- XX	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	the state of the s	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	SOLONO MARKET MA	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			Y
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
	bid the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^_
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

200	Checklist of Required Schedules (continued)	,		
سحمبح			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	į	х
24:	Schedule J a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	_	x
29	-	29		
30	contributions? If 'Yes.' complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	-	<u>x</u>
34	line 1	34		x
35	the state of the state of the state of coating 512(b)/13)?	35	-+	<u> </u>
i	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	organization? If 'Yes,' complete Schedule R, Part V, line 2	36	_	
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

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14a

14b

Form 990 (2010)

Form 990 (2010) NATIONAL WILDLIFE FEDERATION ACTION FUND 74-2556532 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 15 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable..... 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b Х Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . 7e 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans.....

14a Did the organization receive any payments for indoor tanning services during the tax year?

13b

JU	Clion A. Governing Body and management		V	Ma
		2	Yes	No
	a Linter the Hamber of Young members of the governing soup at the	2		
	belief the number of voting members included in the 14, 45516, who should be included in the 14, 45516, which is the 15, 45516, whic			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	the second of th	4		X
	since the prior Form 990 was filed?]		ŀ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Sanah dan	6	X	<u> </u>
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<u>7b</u>		X
8	and the vest have the meetings hold or written actions undertaken during the year by			
	a The governing body?	8a	Х	
	b Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
ė,	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	: : - = -		
<u> </u>	CHOIL B. POIICLES (This Section D reguests information about ponotes necessitating and missing analytic and missing and missin		Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a		Х
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11 a	X	
''	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
12	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Х	
	to conflicts?			
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	14	X	_
14		123 M. Carlo		1 40 110 70
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		X
	b Other officers of key employees of the organization	150	2000 P	A
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	4		
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		6.5
Se	ction C. Disclosure			· · · · · ·
17	List the states with which a copy of this Form 990 is required to be filed ► See Form 990, Page 6, Line 17 (continued)		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailable	for pu	ablic
	I I Our website I I Another's website IX U000 request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policitatements available to the public.	icy, and	unan	ciai
20	l. State the name, physical address, and telephone number of the person who possesses the pooks and records of the org	arnzauo	٠.	
	LANE & COMPANY 1920 N ST, NW WASHINGTON DC 20036	(202)	- Co=	ด้วกก

Form 990 (2010)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who
 received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			((`)	hat appl		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per week (describe hours for related organizations in Schedule	or director	anstitutional trustae		Key amployee	Highest compensated employee	Forner	report and the compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ALAN BLINKEN DIRECTOR	1.00	х						0.	0.	
(2) TONY CALIGIURI DIRECTOR	1.00	Х						0.	0.	
(3) AIMEE CHRISTENSEN DIRECTOR	1.00	x	_					0.	0.	
(4) DAN CHU DIRECTOR	1.00	x	_				_	0.	0.	
(5) TOM DOUGHERTY DIRECTOR	1.00	Х_	_					0.	0.	
(6) JAMESON FRENCH DIRECTOR	1.00	х	<u> </u>					0.	0.	
(7) MARY HARRIS DIRECTOR		х	<u> </u>		<u> </u>	_	_		0.	
(8) JIM LYON DIRECTOR	1.00	х_	<u> </u> _			ļ		0.	0.	
(9) LARRY SCHWEIGER DIRECTOR	1.00	х	_	<u> </u>		ļ		0.	0.	·
0) SUSAN SMARTT DIRECTOR	1.00	х	-			-	_	0.	0.	
1) BIL MITCHELL PRESIDENT	2.00	х	_	х	<u> </u>	_	-	0.	0.	
2) MARTHA DARLING SECRETARY	2.00	х	<u> </u>	X.	-	<u> </u>	<u> </u>	0.		
TREASRUER SUSAN BROWN	2.00	x	+	-	\vdash	 	-	0.	0.	
EXECUTIVE DIRECTOR [5]	12.00			х	-			51,174.	0.	2,7
16										
17)	-									Form 990 (2

Total number of independent contractors (including but not limited to those listed above) who received more than

y mass c		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2.2	1a	Federated campaigns 1a					
SE	b	Membership dues 1b					
ۊ	С	Fundraising events 1c					
١	d	Related organizations 1d			1. Manual 1997 184 - 184 - 186 m		
낊릝	e	Government grants (contributions) 1e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above 1 f	1,038,547.				
ES!	q	Noncash contributions included in Ins 1a-1f: \$					
중족	h	Total. Add lines 1a-1f		1,038,547.			
J.			Business Code				
PROGRAM SERVICE REVENUE	2a						
Æ	b						
亨							
SER	d						
ξ	е						
ğ	f	All other program service revenue					
Ę.	g	Total. Add lines 2a-2f	.,,				
	3	Investment income (including dividends other similar amounts)	s, interest and	3,291.	0.	0.	3,291.
	4	Royalties					·
	5	(i) Real	(ii) Personal	7 AMOUNT 1009			
	6.	Gross Rents					
		Less: rental expenses .					
		Rental income or (loss)					
		Net rental income or (loss)					
		(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory					
		Less: cost or other basis and sales expenses					
		Gain or (loss)	-				
		Net gain or (loss)					
OTHER REVENUE	8a	Gross income from fundraising events (not including . \$					
Š		of contributions reported on line 1c).		1			
8		See Part IV, line 18					
Ě	t	Less: direct expenses	uonte •				
		: Net income or (loss) from fundraising e	vents				
		Gross income from gaming activities. See Part IV, line 19					
	t	Less: direct expenses	D	- 314 (5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	C	: Net income or (loss) from gaming activ	ities				
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
		Net income or (loss) from sales of inve	Business Code		Part Care Marin Care Care		
		Miscellaneous Revenue	DUNITESS CODE	Andrew St. Sec.			
	11 a						
	k	·					
	(
		All other revenue				Jan Harrist Commence	
		Total. Add lines 11a-11d		1,041,838.	0.		3,291.
	Z	Total revenue. See Instructions		1011/10			Form 990 (2010)

TEEA0109 10/11/10

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,800.	1,800.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	56,584.	50,360.	5,092.	1,132.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	606,061.	542,528.	52,333.	11,200.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Fees for services (non-employees):				
а	Management				
t	Legal	15,847.	7,632.	7,917.	298.
C	: Accounting	63,425.	0.	63,425.	0.
d	Lobbying	83,714.	83,714.	0.	0.
е	Professional fundraising services. See Part IV, line 17		Construction of the Construction of the Construction		<u> </u>
f	Investment management fees				400
g	Other	694,064.	693,664.	0.	400.
12	Advertising and promotion	40,256.	36,048.	1,560.	2,648.
13	Office expenses	221,521.	188,813.	24,503.	8,205.
14	Information technology	62,032.	24,660.	8,192.	29,180.
15	Royalties			0	
16	Occupancy			45.540	2 724
17	Travel	57,708.	3 <u>7,435.</u>	17,549.	2,724.
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4 000	1 041	57.	0.
22	Depreciation, depletion, and amortization	1,098.	1,041.	2,886.	0.
23	Insurance	2,886.	0.	2,000.	ARTINI AND A MARK OF AN ARTIST A STATE
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a					
t	·				
•					
C	¹				
•					
	All other expenses	1,906,996.	1,667,695.	183,514.	55,78 7 .
25	Total functional expenses. Add lines 1 through 24f	1,300,330.			
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				Form 990 (2010)

		Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			10	1	
	2	Savings and temporary cash investments			1,059,986.	2	806,851.
	3	Pledges and grants receivable, net			651,498.	3	95,000.
	4	Accounts receivable, net			4,417.	4	- 1- 1- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5	Receivables from current and former officers, directors	truete	es kev emninvees			
	,	and highest compensated employees. Complete Part I	of Sch	redule L	AAAA ABAAA ABAAA AAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA	5	Can any Alexandre on a State
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1)),			
		persons described in section 4958(c)(3)(B), and contri sponsoring organizations of section 501(c)(9) voluntary	buting e v emplo	employers and povees' beneficiary			
		organizations (see instructions)		,		6	
Ş	7	Notes and loans receivable, net		7			
S S E T S	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges		CANADA NO A UNIONO NO NEW ST. COM. VANDOUS AND THE ST.	9	and daily symptom to the black	
	10 =	Land, buildings, and equipment: cost or other basis.					
		Complete Part VI of Schedule D		5,028.			
	b	Less: accumulated depreciation	10b	4,332.	1,794.	10 c	696.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			4 545 605	15	000 547
	16	Total assets. Add lines 1 through 15 (must equal line				16	902,547.
	17	Accounts payable and accrued expenses				17	127,907.
	18	Grants payable			18 19		
	19	Deferred revenue			20		
į	20	Tax-exempt bond liabilities			21		
Ä	21	Escrow or custodial account liability. Complete Part N		2			
Ļ	22	Payables to current and former officers, directors, trus	ey employees,				
ţ		highest compensated employees, and disqualified persof Schedule L	omplete Part II		22		
Ė	23	Secured mortgages and notes payable to unrelated thi				23	
3	24	Unsecured notes and loans payable to unrelated third	parties	,,,		24	
	25	Other liabilities. Complete Part X of Schedule D	· 			25	
	26	Total liabilities. Add lines 17 through 25			77,897.	26	127,907.
N		Organizations that follow SFAS 117, check here ▶	X an	d complete lines			
Ę		27 through 29 and lines 33 and 34.			garger and a second of the second		
A	27	Unrestricted net assets			1,007,933.	27	<u>504,783.</u>
ASSET S	28	Temporarily restricted net assets		.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>631,865.</u>	28	26 <u>9,857.</u>
	29	Permanently restricted net assets			man comment comments are given	29	es control go e servicio de escabilidad.
R		Organizations that do not follow SFAS 117, check he	re 🟲	and complete			
		lines 30 through 34.		36			
FUND	30	Capital stock or trust principal, or current funds	• • • • • •	·····		30	
B	31	Paid-in or capital surplus, or land, building, or equipm	1		31		
Ê	32	Retained earnings, endowment, accumulated income,	r funds	1 (20 700	32	774,640.	
BALANCES	33	Total net assets or fund balances			1,639,798.	33 34	902,547.
_ <u>\$</u>	34	Total liabilities and net assets/fund balances			1,717,695.	34	Form 990 (2010)
BA	A						101111 990 (2010)

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Form 990 (2010) NATIONAL WILDLIFE FEDERATION ACTION FUND 74-	<u>2556532</u>		Pag	ge 12
Reconciliation of Net Assets				_
Check if Schedule O contains a response to any question in this Part XI		<i></i>		Ш
	1 - 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,04		
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,90		
3 Revenue less expenses. Subtract line 2 from line 1		-86		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,63	9,7	98.
5 Other changes in net assets or fund balances (explain in Schedule O)	5			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	77	4,6	<u>40.</u>
Financial Statements and Reporting				\Box
Check if Schedule O contains a response to any question in this Part XII	· · · · · · · · · · · · · · · · · · ·		 T	<u> </u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			es	NO
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>x</u> +	
b Were the organization's financial statements audited by an independent accountant?		2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2с	х	* 1.00°E
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	t on a 			
Separate basis X Consolidated basis Both consolidated and separate basis	:			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?		3a	4	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3b		
BAA		Form 9	90 (2	010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2010

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

		ganizations: Complete Part III.		Employer identifica	tion number			
	of organization			74-255653				
ľAN	'IONAL WILDLIFE FED'	ERATION ACTION FUND 'ganization is exempt under section	on 501(c) or is a					
	Complete if the or	rganization's direct and indirect political ca	magina activities in F	Part IV				
1	Provide a description of the o	rganization's direct and indirect political ca	impaign activities in i	ent iv. ►\$	462.393.			
2	Political expenditures			······································	20			
3	Volunteer hours		on 501(cV3)		<u></u>			
inima.	Complete if the oi	rganization is exempt under section set tax incurred by the organization under s	ontion 1955	►Ś				
1	Enter the amount of any exci	se tax incurred by the organization under s se tax incurred by organization managers t	ection 4905					
2	Enter the amount of any exci	se tax incurred by organization managers to	hig veer?	·············	Yes No			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	ilis year :		Yes No			
					[] 103			
<u>t</u>	If 'Yes,' describe in Part IV.	rganization is exempt under section	on 501(c) excep	t section 501(cY3).				
a Show	Complete if the or	pended by the filing organization for section	527 exempt function	activities > \$	493,498.			
					220,12			
2	Enter the amount of the filing function activities	organization's funds contributed to other o	rganizations for section	on 527 exempt ▶\$	0.			
3	line 17h							
4	Did the filing organization file	Form 1120-POL for this year?			X Yes No			
5	Enter the names, addresses	and employer identification number (EIN) o . For each organization listed, enter the am ons received that were promptly and directly action committee (PAC). If additional space	f all section 52/ politi	ing organizations to will	Also enter the			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010

expenditures

BAA

section 501(i		113 Oxompt and a									
A Check ► if the filin	g organization belo	ngs to an affiliated group.									
B Check ► if the filin	g organization chec	ked box A and 'limited co	ntrol' provisions apply.								
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals						
1a Total lobbying expenditur	res to influence pub	lic opinion (grass roots lo	bbying)								
b Total lobbying expenditure											
c Total lobbying expenditures (add lines 1a and 1b)											
d Other exempt purpose expenditures											
e Total exempt purpose expenditures (add lines 1c and 1d)											
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.											
If the amount on line 1e, colu	mn (a) or (b) is: 1	he lobbying nontaxable	amount is:		71.77						
Not over \$500,000		20% of the amount on line 1e.									
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the exces									
Over \$1,000,000 but not over \$1	· · · · · · · · · · · · · · · · · · ·	\$175,000 plus 10% of the exces									
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.								
Over \$17,000,000		\$1,000,000.									
g Grassroots nontaxable a	mount (enter 25% o	of line 1f)									
h Subtract line 1g from line	e 1a. If zero or less	, enter -0									
i Subtract line 1f from line											
j If there is an amount oth section 4911 tax for this	er than zero on eith	er line 1h or line 1i, did t	he organization file Forn	n 4720 reporting	Yes No						
(Som	ii	4-Year Averaging Period It made a section 501(h) o Is below. See the instruct	alection do not have to i	complete all of the five h 2f.)							
	Lobb	ying Expenditures Durin	g 4-Year Averaging Per	lod							
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total						
2a Lobbying non-taxable amount											
b Lobbying ceiling amount (150% of line 2a, column (e))											
c Total lobbying expenditures											
d Grassroots nontaxable amount	ngewit aus armol adotta milianess										
e Grassroots ceiling amount (150% of line 2d, column (e))		. No this part is	g di ga ni								
f Crossroats Johnwing		1									

TEEA3202 10/11/10

hedule C (Form 990 or 990-EZ) 2010 NATIONAL WILDLIFE FEDERATION ACTION FUND		-2556		F	Page 3
Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Tiled	l Forr	n 5768		
	()	(1)	
	Yes	No	Amo	ount	
		\$ 1	Tada.	i pivila	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	<u> </u>				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				din madini	
c Media advertisements?		-+			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	<u> </u>	-+			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		\dashv			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV	Street and the second	NCA 45 374 NO SSS	-		
j Total. Add lines 1c through 1i	86.9303				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	in and a	2) (1)			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			Value of the same	and atter	an and the same
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		3		ak ola 11	
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<i></i>		2		X
3 Did the organization make only in house to be a political expenditures from the prior year?		<u></u>	3		X
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	(CX5)	. or			
1 Dues, assessments and similar amounts from members		1 Security			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a	****		
b Carryover from last year		2 b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?		4		<u>.</u>	
5 Taxable amount of lobbying and political expenditures (see instructions)	<u></u> .	5			
Supplemental Information					
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and iso, complete this part for any additional information.	Part 	I-B, lìne 	e 1i. 		
t I-A Line 1 THE NWF ACTION FUND ENGAGED IN LIMITED				-	
INDEPENDENT EXPENDITURES AND CANIDATE ENDORSEMENTS.		. – – –		-	
	- - -	. _			
					_ .

Schedule C (Form 990 or 990-EZ) 2010 NATIONAL WILDLIFE FEDERATION ACTION FUND	74-2556532	Page 4
Schedule C (Form 990 or 990-EZ) 2010 NATIONAL WILDLIFE FEDERATION ACTION FUND Supplemental Information (continued)		
WANTED CONTROL OF THE PARTY OF		
		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047 **2010**

Employer identification number

חמי	TIONAL WILDLIFE FEDERATION ACT	TON FIIND	74-2556532
M	Organizations Maintaining Donor	Advised Funds or Other Similar	
TV-20	the organization answered 'Yes' to	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		٠
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal contro	n: res no
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits.	it?	Yes No
	Conservation Easements. Comple	ete if the organization answered '	'Yes' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
-	Preservation of land for public use (e.g., re		ation of an historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation contributio	on in the form of a conservation easement on the
			Held at the End of the Tax Year
а	Total number of conservation easements		2a 2b
b	Total acreage restricted by conservation easem	ents	
	: Number of conservation easements on a certifi		
d	Number of conservation easements included in structure listed in the National Register		<u></u>
3	Number of conservation easements modified, to tax year ►		ninated by the organization during the
4	Number of states where property subject to cor	servation easement is located >	
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection s it holds?	n, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, ins ▶\$	specting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	***********	
	include, if applicable, the text of the foothole to	the organization's financial statements to	
	Organizations Maintaining Colle Complete if the organization ans	wered 'Yes' to Form 990, Part IV,	line o.
	in Part XIV, the text of the footnote to its finance	cial statements that describes these items	5.
t	following amounts relating to these items:	Tor public exhibition, education, or research	from in tartification of parties services, parties
	(i) Revenues included in Form 990, Part VIII,	line 1	
	65 Assata included in Form 000 Part Y		
	If the organization received or held works of an	t, historical treasures, or other similar ass 16 (ASC 958) relating to these items:	sets for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line	1	• • • • • • • • • • • • • • • • • • •
t	Assets included in Form 990, Part X		

Organizations maintai						
3 Using the organization's acquisition items (check all that apply):	on, accession, a	nd other records, che	ck any of the following t	that are a significant use	e of its collec	ction
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	itions	_				
4 Provide a description of the organ		ons and explain how	they further the organiz	ation's exempt purpose	in	
Part XIV.						
5 During the year, did the organizati assets to be sold to raise funds ra	ion solicit or rece	eive donations of art,	. historical treasures, or f the organization's colle	other similar ection?	Yes	No
Escrow and Custodial	Arrangemen	ts. Complete if	organization answe	red 'Yes' to Form 9	90, Part I	V, line
9, or reported an amou	unt on Form	990, Part X, line	21.			
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, o	r other intermediary	for contributions or othe	r assets not	Yes	No
b If 'Yes,' explain the arrangement i	n Part XIV and	complete the following	g table:			
					Amount	
c Beginning balance	.,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				<u>1f</u>		
2a Did the organization include an an	nount on Form 9	90, Part X, line 21?			Yes	∐ No
h If 'Yes' explain the arrangement i	n Part XIV.					
Endowment Funds. Co	mplete if the	organization ans	swered 'Yes' to For	m 990, Part IV, line	10.	
3,000	(a) Current year		(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses		. 40	- CONT C C.			
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the year end	balance held as:				
a Board designated or quasi-endow	ment 🟲	<u> </u>				
b Permanent endowment ►						
c Term endowment ►	ક					
3a Are there endowment funds not in	the possession	of the organization t	hat are held and admini	stered for the	-	
organization by:					Yes	No_
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related or	ganizations liste	d as required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended	uses of the orga	nization's endowmer	nt funds.			
Land, Buildings, and E	Equipment. S	ee Form 990, Pa	art X, line 10.			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						<u></u>
c Leasehold improvements				4 330		696.
d Equipment			5,028.	4,332.		070.
e Other	<u> </u>					696.
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part <u>X,</u> co	lumn (B), line 10(c).)			
				Sched	ule D (Form	990) 2010

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Investments-Other Securities. See	orm 990, Part X,	ine 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	 	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<u>(A)</u>		
<u>(B)</u>		
(D)		
(E)		
(F)		
(G)		
(H)		
		anno de la companio
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		
Investments-Program Related. (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		<u> </u>
(7)		
(8)		
(9)	<u> </u>	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	•	
Other Assets. (See Form 990, Part X	, line 15)	The state of the s
	escription	(b) Book value
(1)		
(2)		
(3)		
(4)	<u> </u>	
(5)		
(6)		
(7)		
(7)		
(7) (8) (9)		
(7) (8) (9) (10)	3), line 15)	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E)	3), <i>line 15</i>)	▶
(7) (8) (9) (10)	3), <i>line 15)</i> t X, line 25) (b) Amount	▶
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part	t X, line <u>25)</u>	▶
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability	t X, line <u>25)</u>	▶
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(c) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	t X, line <u>25)</u>	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	t X, line <u>25)</u>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<u>sch</u>	edule D (Form 990) 2010 NATIONAL WILDLIFE FEDERATION ACTION	FUND	/4-255	0532 Pa	ge 4
») (Reconciliation of Change in Net Assets from Form 990 to Audited Financi				
1	Total revenue (Form 990, Part VIII,column (A), line 12)			1,041,83	
2	Total expenses (Form 990, Part IX, column (A), line 25)			1,906,99	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		·	-865,15	<u> </u>
4	Net unrealized gains (losses) on investments		·		
5	Donated services and use of facilities				
6	Investment expenses				
7					
8	Other (Describe in Part XIV)			5,52	
9	Total adjustments (net), Add lines 4 through 8			5,52	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-859,63	<u>5.</u>
-	Reconciliation of Revenue per Audited Financial Statement	s With Reve	enue per Return		
1			.,	1,082,72	<u>:9.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2 b			
	c Recoveries of prior year grants	2c			
	d Other (Describe in Part XIV)	2d	40,891.		
	a Add lines 2a through 2d		2e	40,89	11.
2	Subtract line 2e from line 1			1,041,83	8.
	Amounts included on Form 990, Part VIII, line 12, but not on line1:		**************************************		
4	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	o Other (Describe in Part XIV.)	4b			
	c Add lines 4a and 4b		4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,041,83	8.
C	Reconciliation of Expenses per Audited Financial Statemer	nts With Ex	penses per Retu		
	Total expenses and losses per audited financial statements			1,942,36	4.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Z	a Donated services and use of facilities	2 a			
	b Prior year adjustments	2b			
	c Other losses	2c			
	Other losses		35,368.		
	d Other (Describe in Part XIV.)			35,36	8.
-	Subtract line 2e from line 1		3	1,906,99	
		I			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	b Other (Describe in Part XIV.)	4b			
	c Add lines 4a and 4b		4c		
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	1,906,99	6.
	Supplemental Information				
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line additional information.	III, lines 1a an s 2d and 4b. A	nd 4; Part IV, lines 1b Also complete this par	and 2b; t to provide	
Pţ	XI_Line_8 RELATED PAC NET ASSETS				
<u>Pt</u>	XII Line 2d RELATED PAC REVENUES				
<u>Pt</u>	XIII Line 2d RELATED PAC EXPENSES				
. —					- - ·
- -				. 	- - ·
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Schedule D :	(Form 990) 2010	NATIONAL W	ILDLIFE FE	DERATION A	CTION FUND		74-2556532	Page 5
SCHOOL B	(Form 990) 2010 Supplementa	Information	(continued)					
Will IX West of Particular			·					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
NATIONAL WILDLIFE FEDERATION ACTION FUND	74-2556532
PART I, LINE 1 AND PART III, LI	NE 1: THE NATIONAL WILDLIFE FEDERATION
ACTION FUND WORKS TO RAISE THE	VISIBILITY OF KEY CONSERVATION
ISSUES WITH VOTERS AND ELECTED	OFFICIALS. THROUGH GRASSROOTS
ACTION AND FOCUSED LEGISLATIVE	CAMPAIGNS, THE NWF ACTION
FUND ADVOCATES FOR WILDLIFE AND	OUTDOOR ENTHUSIASTS FROM
ALL WALKS OF LIFE AND POLTICIAL	STRIPES TO ENSURE THEY HAVE
A VOICE IN THE DEMOCRATIC PROCE	SS
WE ADVOCATE FOR CLIMATE SOLUTION	NS, NATURAL RESOURCE PROTECTION,
WILDLIFE CONSERVATION AND OUTDO	OR EDUCATION TO MEET
OUR TOP GOALS OF CONFRONTING GL	OBAL_WARMING, PROTECTING
WILDLIFE HABITATS AND CONNECTIN	G PEOPLE WITH NATURE.
PART III, LINE 4A: RAISED AWAR	ENESS AND PUBLIC ENGAGEMENT ON THE
ISSUES OF CLIMATE CHANGE AND CL	EAN_ENERGY:
PRODUCTION OF INFORMATIVE MAT	ERIALS AND VENUES SUCH AS
MEDIA ADS AND TOWN HALLS TARGETED I	O LOCALIZED POPULATIONS AND MEDIA MARKETS.
EDUCATION OUTREACH EFFORTS TO	_SPORTSMEN_LEADERS
ADVOCATED FOR PROTECTION OF CLE	AN AIR ACT AND CLEAN WATER ACT LAWS:
PRODUCED ADVOCACY ADS IN TARG	ET_LEGISLATIVE DISTRICTS/STATES_TO
OPPOSE ROLLBACK OF CONSERVATION	FUNDING AND LAWS.
FACILIATED LEGISLATIVE FLY IN	S WITH LEADERS OF KEY
CONSTITUENCY GROUPS TO TRAVEL T	O DC FOR LEGISLATIVE BRIEFINGS
AND MEETINGS WITH LEGISLATORS RELA	TED TO THE RESTORE ACT AND GULF RESTORATION.
SUPPPORTED OUTREACH EFFORTS T	O KEY CONSTITIENCY GROUPS INCLUDING
SPORTSMEN, FAITH AND EDUCATION	ORGANIZATIONS.
PARTICIPATED IN COLLABORATIVE	EFFORT WITH OTHER ORGANIZATIONS

Schedule O (Form 990 or 990-EZ)	2010	Page 2
Name of the organization NATIONAL WILDLIFE FEI		Employer identification number 74-2556532
	ADVOCATE FOR PROTECTION OF CLEAN AIR LAWS,	
PRO	OVIDING STRATEGIC GUIDANCE, AND PROGRAM WORK.	<u> </u>
 	BILIZE AND ENGAGE ACTIVISTS ONLINE TO TAKE AC	TION FOR CONSERVATION:
<u>M</u>	MAINTAINED ACTION CENTER - AN ONLINE HUB TAKE	NG_ACTION_TO
SUP	PORT VARIOUS WILDLIFE PROTECTION AND CONSERV	ATION
EFF	ORTS NATIONWIDE.	
GEN	ERATED OVER 1.5 MILLION DIVERSE ACTIONS THROUGH	GH ONLINE ACTION CENTER.
 P+ VT-A. Line 6 A "	MEMBER" OF THE ORGANIZATION IS DEFINED BY TH	E ORGANIZATON
 · · ·	AN INDIVIDUAL THAT SHOWS AN ANNUAL MONETARY	
	THE ORGANIZATION OF AT LEAST \$10.00.	
[,]		
Pt VI-B, Line 11a THE	E AUDIT COMMITTEE OF THE BOARD OF DIRECTORS R	EVIEWS_THE
DRA	AFT WITH STAFF AND OUTSIDE INDEPENDENT ACCOUN	TANTS, AND
OPF	PORTUNITY FOR QUESTIONS AND IN DEPTH DISCUSSI	ON OF EACH LINE
<u>ITE</u>	EM IS PROVIDED. THE FINAL DRAFT OF THE 990 I	S_PROVIDED
<u>TO</u>	THE FULL BOARD FOR REVIEW AND COMMENTS BEFOR	E_FILING
	FICERS, DIRECTORS AND EMNPLOYEES ARE REQUIRED	TO DISCLOSE
	PERESTS AND OTHER AFFILIATIONS THAT MAY RESUL	
	GOVERNANCE CONFLICT WITH NWFAF. THE BOARD R	
	rerminations regarding such disclosures.	
Pt VI-B, Line 15 THE	E EXECUTIVE DIRECTOR POSITION IS PART-TIME.	THIS POSITION
	SO WORKS PART-TIME WITH THE NATIONAL WILDLIFE	
	N UNRELATED ORGANIZATION). IN THAT CAPACITY,	
	ADED AND COMPENSATION IS BENCHMARKED BY THE H	

Schedule O (Form 990 or 990-EZ) 2010		Page 2
Name of the organization NATIONAL WILDLIFE FEDERATION <u>ACTI</u>	ON FUND	Employer identification number 74-2556532
		NAL WILDLIFE FEDERATION EMPLOYEES.
THE ACTION FUND	THEN PAYS COMPENSATION	AT THE RATE DETERMINED
BY THIS PROCESS	. THERE ARE NO OTHER CO	OMPENSATED_OFFICERS,
DIRECTORS OR KEY	Y EMPLOYEES.	
Pt_VI-C, Line 19 THE ORGANIZATION	N'S ARTICLE OF INCORPORA	ATION, BYLAWS, 990,
AUDITED FINANCIA	AL STATEMENTS, CONFLICT	OF INTEREST POLICY AND
WHISTLEBLOWER PO	OLICY ARE AVAILABLE TO	THE PUBLIC UPON REQUEST.
PART IX, LINES	7 AND 8: THESE NUMBERS I	REFLECT THE NWFAF
STAFF LISTED ON	PART I, LINE 5, AS WELL	L AS SALARY AND BENEFITS
PAID TO THE NAT	IONAL WILDLIFE FEDERATION	ON PURSUANT TO A RESOURCE
SHARING AGREEMEN	NT BETWEEN THE FILING OF	RGANIZATION AND
THAT ORGANIZATIO	ON	
PART IX, LINE 110	G: THE EXPENSES INCLUD	ED IN OTHER ARE
MOSTLY ALL DIREC	CT PROGRAM COSTS THAT DO	O NOT FIT THE OTHER
NAMED CATEGORIES	S, PROVIDED IN THIS PAR	T_IX

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of the organization		Employer identification number				
NATIONAL WILDLIFE FEDERATION	ACTION FUND	74-2556532				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ X 501(c)(4) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	te foundation				
Check if your organization is covered by the Ge Note. Only a section 501(c)(7), (8), or (10) orga	neral Rule or a Special Rule. Anization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.				
General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)						
Special Rules						
509(a)(1) and 170(b)(1)(A)(vi), and received (2) 2% of the amount on (i) Form 990, Part	orm 990 or 990-EZ, that met the 33-1/3% support test of the r d from any one contributor, during the year, a contribution of t VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	II.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
If this box is checked, enter here the total courses. Do not complete any of the parts upon the	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of \$5	6,000 or more during the year					
OCC DEVELOR A SERVICE NO CONTRACTOR IVENIES	the General Rule and/or the Special Rules does not file Sche 2 of their Form 990, or check the box on line H of its Form 9 3 requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	30-LZ. 01 011 11116 2 01 113 1 01111				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 2 of Part I
Name of org	anization		r identification number
<u> MOITAN</u>	NAL WILDLIFE FEDERATION ACTION FUND	[/4-2]	556532
	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$25,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	·	\$ <u>125,480.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$13,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		1	Barran V

TEEA0702 10/26/10

6<u>,738.</u>

Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

NATIONAL WILDLIFE FEDERATION ACTION FUND

74-2556532

	Contributors (see instructions.)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
7		\$130,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
8		\$470,999.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
9 1		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, aπd ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$ Sahadi la B (Form 000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
	TEF A0702 10/26/10	Schedule 🕏 (Form 990	, 550-62, 01 350-117 (2010)	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Virginia
District of Columbia
Colorado

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II influences you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 for you need a 3-month automatic extension of time. From 8868 to corporation required to file Form 990-17, or an additional (not automatic) 3-month extension of a province of the provinces of the prov	Internal Revenue	Service	+ + ++++++++++++++++++++++++++++++++++				
Do not complete Part unitersyou have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing 6-filing 7-filing form 1868.						► <u>x</u>	
Electronic filling (6-89b, You can electronically file Form 8886 if you need a 3-month automatic extension of time to file of morths for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8986 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the Rise In paper format (see Instructors). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charifles & Nonprofits. A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	If you are	e filing for an Additional (Not Automatic) 3	-Month Extension	, complete only Part II (on page 2 of this	s form).		
corporation required to file Form 990-T, or an additional (not automatic) 3-month extension of time to rible any of the form sisted in Fart 1 ent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/erfile and click on e-file for Chardres & Nanprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acorporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only							
A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	corporation request an e	required to file Form 990-T), or an additional xtension of time to file any of the forms list With Contain Personal Repetit Contracts, who	al (not automatic) ted in Part I or Pa sich must be sent	3-month extension of time. You can elect it II with the exception of Form 8870, Inf to the IRS in paper format (see instruction	ormation Return for	Transfers	
A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	Kajan A	utomatic 3-Month Extension of Ti	me. Only subn	nit original (no copies needed).			
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Type or print NATIONAL WILDLIFE FEDERATION ACTION FUND 74-2556532	All other cor income tax i	porations (including 1120-C filers), partners eturns.	ships, REMICS, ar	nd trusts must use Form 7004 to request			
NATIONAL WILDLIFE FEDERATION ACTION FUND 74-2556532		Name of exempt organization			Employer Identification	number	
NATIONAL WIDDLIFE FEDERATION NATIONAL WIDDLIFE FEDERATION National Color National C							
### during your instructions. 901 E STREET, NW, #400	print	NATIONAL WILDLIFE FEDERATI	ON ACTION	FUND	74-2556532		
Solidation City, town or post office, state, and ZIP code. For a foreign address, see instructions. DC 20004	File by the	Number, street, and room or suite number. If a P.O. box, see instructions.					
City, town or post office, state, and ZIP code. For a foreign address, see instructions. DC 20004	filing your	901 E STREET, NW, #400					
Enter the Return code for the return that this application is for (file a separate application for each return) Return Code	instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
Application Is For		WASHINGTON			DC 20004	<u>* </u>	
Application is For Section Secti	Enter the Re	turn code for the return that this application	n is for (file a sepa	arate application for each return)			
Form 990-BL Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of LANE COMPANY Telephone No.* (202) 463-6500 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 17, 20 12 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year 20 or X tax year beginning Sep 1, 20 10 _, and ending Aug 31, 20 11 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period	Application ls For					Code	
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Form 990-PF Form 990-T (section 401(a) or 408(a) trust) Telephone No. ► (202) 463-6500 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 17	Form 990-BL		02	Form 1041-A			
Form 990-FF Form 990-T (section 401(a) or 408(a) trust) • The books are in the care of LANE & COMPANY Telephone No. (202) 463-6500 FAX No. If the organization does not have an office or place of business in the United States, check this box. • If the organization does not have an office or place of business in the United States, check this box. • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box. • If it is for part of the group, check this box • If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 17, 20 12 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for: • Calendar year 20 or • X tax year beginning Sep 1, 20 10 _, and ending Aug 31, 20 11 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period	Form 990-EZ		03	 			
Form 990-T (section 401(a) of 408(a) trust) The books are in the care of ► LANE & COMPANY Telephone No. ► (202) _ 463 - 6500 FAX No. ► If the organization does not have an office or place of business in the United States, check this box	Form 990-PF		04				
Telephone No. ► (202) 463-6500 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Apr 17 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year 20 or □ X tax year beginning Sep 1 , 20 10 , and ending Aug 31 , 20 11 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period	Form 990-T	(section 401(a) or 408(a) trust)		<u> </u>			
Telephone No. ► (202) _463 –6500	Form 990-T	(trust other than above)	06	Form 8870	<u>.</u>	12	
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3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	until <u>2</u> The ex ► X 2 If the ta	Apr 17 , 20 12 , to file the exemple tension is for the organization's return for: calendar year 20 or tax year beginning Sep 1 , 20 ax year entered in line 1 is for less than 12	npt organization re 10 $_{-}$, and endir	ng Aug 31 20 11	nal return		
perrofitred able credits. See instructions	3a If this a	application is for Form 990-BL, 990-PF, 990	0-T, 4720, or 6069	, enter the tentative tax, less any	. 3a \$	0.	

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

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Notice Number: CP211A Date: February 27, 2012

Taxpayer Identification Number:

74-2556532 Tax Form: 990

Tax Period: August 31, 2011

NATIONAL WILDLIFE FEDERATION ACTION % DULCE ZORMELO 11100 WILDLIFE CENTER DR RESTON VA 20190-5361

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **April 15, 2012.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and

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- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



Form 8868	(Rev 1-2011) NATIONAL WILDLIFE F	EDERATIO	ON ACTION FUND	74-2556532	Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Mont	th Extension	i, complete only Part II and check th	is box	> 🗶	
	complete Part II if you have already been granted			ly filed Form 8868.		
If you a	are filing for an Automatic 3-Month Extension, cor	nplete only	Part I (on page 1).			
Patrick.	Additional (Not Automatic) 3-Month Ext	ension of	f Time. Only file the original i			
	Name of exempt organization			Employer identification number		
Type or						
print	NATIONAL WILDLIFE FEDERATION ACTION FUND			74-2556532		
	Number, street, and room or suite number. If a P.O. box, see in	structions.				
File by the extended due date for						
filing the	901 E STREET, NW, #400					
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	WASHINGTON	DC 20	0004			
Enter the F	Return code for the return that this application is fo	r (file a sepa	arate application for each return)		[01]	
Application	1	Return	Application	R		
Applications S For		Code	ls For		Code	
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	(section 401(a) or 408(a) trust)	05	Form 6069	Form 6069 11		
Form 990-1	(trust other than above)	06	Form 8870 12		12	
STOP! Do	not complete Part II if you were not already grante	ed an autom	atic 3-month extension on a previo	usly filed Form 8868.	<u> </u>	
• The hor	oks are in care of LANE & COMPANY					
Telenho	one No. ► (202) 463~6500	FAX No.		,	_	
If the o	rganization does not have an office or place of bus	siness in the	United States, check this box		▶ 📋 🐣	
A 16 Main 1	for a Croup Return, enter the organization's four	digit Group	Exemption Number (GEN)	, If this	is for the	
whole arou	p, check this box ► If it is for part of the	group, checi	k this box 🟲 🔲 and attach a list wi	th the names and EINs of	all	
	he extension is for.					
4 Lregi	jest an additional 3-month extension of time until	Jul 16	, 20 <u>12</u> .			
5 For c	alendar year , or other tax year beginnir	ng Sep 1	, 20 <u>10</u> , and ending <u>A</u>	<u>ug 31, 20 1</u>	<u>1</u> .	
6 If the	tax year entered in line 5 is for less than 12 mont	hs, check re	ason: Initial return	Final return		
	Change in accounting period					
7 State	in detail why you need the extension ADDIT	IONAL_TI	IME IS NEEDED TO GATHE	3 _		
TNF	ORMATION NECESSARY TO FILE A CO	MPLETE .	AND ACCURATE RETURN.			
	<u> </u>					
8a If this	application is for Form 990-BL, 990-PF, 990-T, 47	720, or 6069	, enter the tentative tax, less any	8a \$	0.	
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c Balar EFTP	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	II ISU UCUONS		8c \$	0.	
		- 4	al Manification			
Under penaltie	s of perjury, I declare that I have examined this form, including ac implete, and that I am authorized to brepare this form.	companying sch	nedules and statements, and to the best of my k	growinge and belief, it is true,		
correct, and co		(CP/L	Data > 41	3/12	
Signature 🟲	Title Title			Form 9969 /	Rev 1,2011)	
RAA	* *	FIFZ0502	11/15/10	-01111 0006 (107 1-2011/	